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# TRANSMITTAL FORM

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Total Number of Pages in This Submission	11	Attorney Docket Number	PICC0107
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	I-Pay Childcare, LLC		
Signature	/Raffi Gostanian/		
Printed name	Raffi Gostanian		
Date	October 14, 2008	Reg. No.	42,595

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Michele Zarinelli/		
Typed or printed name	Michele Zarinelli	Date	October 14, 2008

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